

Log No. 498

FACILITY PERMIT APPLICATION CHECK-OFF & PRELIMINARY REVIEW SHEET

FACILITY NAME Macoupin Brighton/Brighton LF #1
County/City Brighton Owner LF #1

SITE NUMBER 11780201 Date Rec. 7-22-83 REVIEWER(S) RLM

LOG IN AND CHECK OFF

Logged in RA 7-26-83
Initials Date

Type of Application: ☐ Development ☒ Sup (to modify DE/OP) ☐ Operating ☐ Experimental/Transfer/Other
Notification Letters Checked ☒ Complete ☐ Incomplete

Notification Letters Mailed Initials RA Date 7-27-83 Pre-op Memo Sent to the Applicant (OP only) Initials _____ Date _____

Copy of the Application Sent to Region Initials RA Date 7-28-83 Application to Section Manager Initials _____ Date _____

Unit: RCRA ☒ Regional Facilities _____ Disposal Alternative _____ Enforcement Memo Sent Initials RA Date 7-28-83

Type of Facility _____

REVIEWER CHECK-OFF

| | | | | |
|---|---|--|----------|------|
| 1 DE Permit Applications | Regional Pollution Control Facility | <input type="checkbox"/> yes <input type="checkbox"/> no | Initials | Date |
| <input type="checkbox"/> Siting | <input type="checkbox"/> Requested wetland determination from USEPA | | | |
| <input type="checkbox"/> Approval received | <input type="checkbox"/> Requested ISGS Information | | | |
| <input type="checkbox"/> Not received | <input type="checkbox"/> Notify Dept. of Transportation | | | |
| <input type="checkbox"/> Time waiver received | <input type="checkbox"/> Notify Dept. of Agriculture | | | |
| <input type="checkbox"/> date final | <input type="checkbox"/> Notify Dept. of Conservation | | | |
| | <input type="checkbox"/> Subject to coordinated permit review | | | |
| | <input type="checkbox"/> Memo to LPC Coordinator | | | |

Notification/Project Summary To/From: APC _____ PWS _____ WPC _____ Coordinated permit review: ☐ Applicable ☐ Not applicable

Reply From: APC _____ Significant _____ PWS _____ Significant _____ WPC _____ Significant _____
Date _____ Not Significant _____ Date _____ Not Significant _____ Date _____ Not Significant _____

2. OP/SUP Application: Enforcement Memo Received _____ (Date) Pre-op Letter Received _____ (Date)

REVIEW ACTION Special Review Requested of: _____

| | Reviewer 1 | | Reviewer 2 or special reviewer | | Unit Manager | |
|----------------------|------------|----------|-----------------------------------|----------|--------------|----------|
| | Date | Initials | Date | Initials | Date | Initials |
| Request Add'l. Info. | _____ | _____ | _____ | _____ | _____ | _____ |
| Permit Not Required | _____ | _____ | _____ | _____ | _____ | _____ |
| Deny | _____ | _____ | _____ | _____ | _____ | _____ |
| Grant | _____ | _____ | _____ | _____ | _____ | _____ |

Application to Section Manager for Signature _____ (Date)

EO Log Out

EPA Region 5 Records Ctr.



296490

Letter Mailed _____ Initials _____ Date _____ Application logged out _____ Initials _____ Date _____